

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

Jan 23 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **826695** (9)
1. Corporation Name
SAMUEL'S REALTY CO., INC.

Principal Place of Business 2572 E MAIN RD PORTSMOUTH RHODE ISLAND 02871	Mailing Address 2572 E MAIN RD PORTSMOUTH RHODE ISLAND 02871
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 08/31/1971	
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 05-0345244		Applied For ☐ Not Applicable	
22 City & State	27 City & State	5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution ☐		\$5.00 May Be Added to Fees	
24 Country	25 Country	29 Country		30 Country	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	

**BAZARSKY, BEATRICE B.
601 LONGBOAT CLUB DR., #S403
LONGBOAT KEY FL 33548
34228**

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

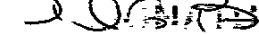
(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SDV ☒ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	LUCAS, MICHAEL A	1.2 NAME	
STREET ADDRESS	1320 HOPE ST.	1.3 STREET ADDRESS	
CITY - ST - ZIP	BRISTOL, RI	1.4 CITY - ST - ZIP	
TITLE	VD ☐ DELETE	2.1 TITLE	☐ Change ☒ Addition
NAME	BAZARSKY, DAVID G	2.2 NAME	Secretary
STREET ADDRESS	59 KAY BLVD.	2.3 STREET ADDRESS	Bazarsky, David G.
CITY - ST - ZIP	NEWPORT RI	2.4 CITY - ST - ZIP	
TITLE	PD ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	BAZARSKY, BEATRICE B	3.2 NAME	
STREET ADDRESS	601 LONGBOAT CLUB ROAD	3.3 STREET ADDRESS	
CITY - ST - ZIP	SARASOTA FL	3.4 CITY - ST - ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

 **DAVID G. BAZARSKY**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/16/98

(401) 683-3222

Date: Devline Phone # 0001175

CR2E034 (10/97)